Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Shontel Brown for Congress 545 E Town St ADDRESS (number and street) (Check if address is changed) Columbus 43215 OH CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS info@shontelbrown.com (Check if address is changed) Optional Second E-Mail Address contact@electionlawgroup.com COMMITTEE'S WEB PAGE ADDRESS (URL) shontelbrown.com (Check if address is changed) DATE 08 2023 C00764381 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Davies, Marvin, J., , III Type or Print Name of Treasurer Davies, Marvin, J., , III [Electronically Filed] Date 02 80 2021 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>			
TYPE OF COMMITTEE:				
Candidate Committee:				
(a) This committee is a principal campaign committee. (Complete the candidate information	n below.)			
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	ee. (Complete the candidate			
Name of Candidate Brown, Shontel, M,				
Candidate Party Affiliation  DEM  Office Sought:  House  Senate	State OH President District 11			
(c) This committee supports/opposes only one candidate, and is NOT an authorized comm	mittee.			
Name of Candidate				
Party Committee:				
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party			
Political Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify connected organization on line	6.) Its connected organization is a:			
Corporation Wa Capital Stock	Labor Organization			
Corporation Corporation Corporation Corporation Corporation	Labor Organization			
Membership Organization Trade Association	Cooperative			
In addition, this committee is a Lobbyist/Registrant PAC.				
(f) This committee supports/opposes more than one Federal candidate, and is NOT a sep committee. (i.e., nonconnected committee)	parate segregated fund or party			
In addition, this committee is a Lobbyist/Registrant PAC.				
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
(g) This committee is an independent expenditure-only political committee (Super PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.				
(h) This committee is a political committee with both contribution and non-contribution according to the contribution according t	ounts (Hybrid PAC).			
In addition, this committee is a Lobbyist/Registrant PAC.	(			
addition, this committee is a cobbyistriegistratic race.				
Joint Fundraising Representative:				
(i) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a federal	·			
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
Committees Participating in Joint Fundraiser				
1.				

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٧	Write or Type Committee Name						
	Shontel Brown	for Congress					
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor						
	Democratic Leadersh	11   2022 					
	Mailing Address	PO Box 33079					
		Washington	DC 20033				
		CITY A	STATE ▲ ZIF	P CODE ▲			
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising	Representative Lea	dership PAC Sponso			
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commodoks and records.</li> </ol>							
	LLC, McTigue & Colombo, , ,						
	Full Name						
	Mailing Address	545 E Town St					
		Columbus	OH   43215	-			
		CITY A	STATE ▲ ZII	P CODE ▲			
	Title or Position ▼	OII I	51A1L = 211	OODL =			
	Compliance Firm	Telephone numl	ber 614 - 263	3 - 7000			
8.	<b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).						
	Full Name Davies, Ma	rvin, J., , III					
	of Treasurer						
	Mailing Address	PO Box 221232					
		Beachwood	OH 44122				
		CITY A	STATE ▲ ZII	P CODE ▲			
Title or Position ▼							
	Treasurer	Telephone numl	ber 216 - 410	0 - 4883			

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Full Name of Designated Agent							
Mailing Address							
Title or Position ▼	CITY ▲ STATE	▲ ZIP CODE ▲					
	Telephone number						
	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.						
Name of Bank, Dep	Name of Bank, Depository, etc.						
P	PNC Bank						
Mailing Address	27359 Chagrin Boulevard						
	Woodmere OH	44122					
	CITY ▲ STATE	▲ ZIP CODE ▲					
Name of Bank, Depository, etc.							
A	malgamated Bank						
Mailing Address	1825 K Street NW						
	Washington	20006					
	CITY ▲ STATE	▲ ZIP CODE ▲					

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

The Custodian of Records is the business entity McTigue & Colombo, LLC

Form/Schedule: Transaction ID: